



SKYRIDGE MEDICAL CENTER

INTRA-OPERATIVE ASSESSMENT

Patient Name: _____ Cont. # _____ Med. Rec. _____ Account _____ Height _____ Weight _____
 Patient: DANDREA, MARIO
 Date & Procedure Room: _____
 02/23/2010 - OR 4

INTRA-OPERATIVE ASSESSMENT

STAFF & TIME:

ALLERGIES [PCN]

2ND INCISION: [] 2ND CLOSE: []

[X] CL CK PERSONNEL BUTTON / COMPLETE FIELDS

[X] CL CK RESOURCES BUTTON / COMPLETE ACTUAL USAGE

[X] CLICK CASE DATA BUTTON / COMPLETE FIELDS

ANESTHESIA RELIEF: [KEVIN OTTO CRNA--BREAK/LUNCH-1139--]

COMMENT [PT ARRIVED LATE TO HOSPITAL AND ALSO ATE @ 0300--DELAYED START T LL AFTER 0900 PER ANESTHESIA ORDER.]REPORT RECEIVED FROM [BETSY WALKER]

Anesthesiologist	Anesthetist	Anes. Type	ASA Rating
BROWN, MD, JAMES	BELKNAP, CRNA, TERRI	GENERAL ANESTHESIA	3

Pre-Op Diagnosis: SEVERE VARUS DEGENERATIVE DISEASE W/ A VARUS FLEXION MALUNION OF THE DISTAL FEMUR

Surgeon(s): BEASLEY, ROBERT

Assisting:

Procedure Description: LEFT TOTAL KNEE ARTHROPLASTY USING BIOMET IMPLANTS

Assign Residents:

Post-Op Diagnosis: SAME

Complications:

Personnel Name	Role	In Time	Out Time
[] COMOLA, RN, GAIL	CIRCULATOR	09:22	12:17
[] JUSTICE, FA MEGAN	FIRST ASSIST	09:22	12:17
[] KELLY, CST, JOE	1ST SCRUB	09:22	12:17
[] SULLIVAN, ST, MANDY	3RD SCRUB	09:22	12:17
[] BERT SMITH	CELL SAVER REP	08:22	12:17

TIME OUT: [X] PLEASE REFER TO CORPORATE STANDARD FORM

SURGERY TIME CHARGE LEVEL:

ANESTHESIA LEVEL [LEVEL 3]

SURGERY LEVEL [LEVEL 5]

SURGICAL ITEM COUNT:

NURSING DIAGNOSIS: AT RISK FOR FOREIGN BODY RETENTION.
GOAL: ABSENCE OF FOREIGN BODY []

EVALUATION: GOAL ACHIEVED COUNTS COMPLETED PER POLICY. (YES)

[X] INITIAL INSTRUMENTS

[X] INITIAL LAPS

[X] INITIAL BLADES

[X] INITIAL NEEDLES

[X] INITIAL SCRATCH PADS

[X] INITIAL BOVIE TIPS
INITIAL OTHER (INSTRUMENT INVENTORY)
INITIAL COUNT --STAFF [JK/GC]

CLOSURE CAVITY WITHIN CAVITY OTHER [_____]]
CLOSURE OF CAVITY WITHIN CAVITY COUNT --STAFF [_____]]

[X] CLOSURE OF WOUND LAPS
[X] CLOSURE OF WOUND BLADES
[X] CLOSURE OF WOUND NEEDLES
[X] CLOSURE OF WOUND SCRATCH PADS

[X] CLOSURE OF WOUND BOVIE TIPS
CLOSURE OF WOUND OTHER [_____]]
CLOSURE OF WOUND COUNT-- STAFF [JK/GC]
[X] AT SKIN CLOSURE INSTRUMENTS

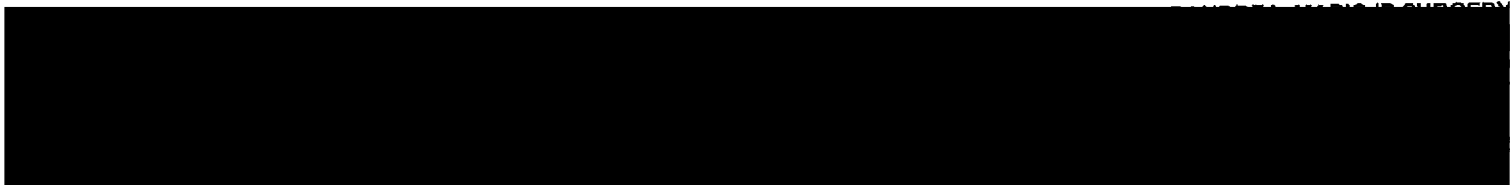
[X] AT SKIN CLOSURE LAPS
[X] AT SKIN CLOSURE BLADES
[X] AT SKIN CLOSURE NEEDLES
[X] AT SKIN SCRATCH PADS

[X] AT SKIN BOVIE TIPS
AT SKIN CLOSURE OTHER (INSTRUMENT INVENTORY)
SKIN CLOSURE COUNT-- STAFF [JK/GC]

[X] COUNT CORRECT
CHANGE OF SHIFT COUNT [_____]]
[X] SURGEON NOTIFIED

COMMENT [_____]]

HEMODYNAMIC LINES:



NURSING DIAGNOSIS: AT RISK FOR INFECTION, AT RISK FOR VOLUME DEF CIT.
GOAL: BODY FLUIDS MONITORED, ASEPTIC PRINCIPLES IMPLEMENTED. [_____]]
EVALUATION: GOAL IS ACHIEVED. [YES]

PERIPHERAL I.V. SITE [REFER TO HOLDING RECORD]CATH SIZE & TYPE [_____]]
INSERTED BY [_____]]
ARTERIAL LINE [N/A]INSERTED BY [_____]]
CVP LINE [N/A]INSERTED BY [_____]]
PULMONARY ARTERY CATHETER [N/A]INSERTED BY [_____]]

COMMENT [_____]]

SAFETY MEASURE:

NURSING DIAGNOSIS: AT RISK FOR INJURY, THE MUSCULOSKELETAL, SENSORY, CIRCULATORY, &
RESPIRATORY SYSTEMS ARE PROTECTED ACCORDING TO POLICY.
GOAL: NO EVIDENCE OF INJURY / HARM AT THE END OF SURGICAL INTERVENTION. [_____]]
EVALUATION: GOAL IS ACHIEVED [YES]
TRANSFER [TO OR BED W/ MINIMAL ASSIST]SAFETY STRAP IN PLACE [ABDOMEN]
ARMS [ARMS ON ARMBOARD]POSITIONED BY [RN/ANES]
COMMENT [_____]]

PATIENT POSITION:

[X] SUPINE

SUPINE LEG HOLDER [_____]]

PATIENT COMFORT CONFIRMED [YES]
COMMENT [HEELS 6 IN OFF EDGE OF BED]

POSITIONING AIDS:

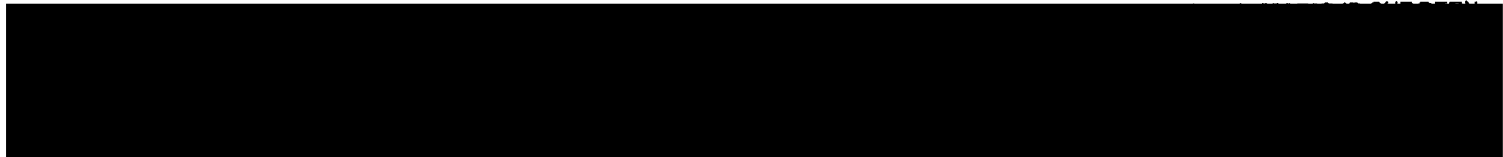
[X] FOAM HEADREST

[X] ARMBOARD(S)

[X] GEL PAD(S)
OTHER PADDING [_____]]

BEACH CHAIR POSITION [_____]]
[X] SCHURE BAR
[X] BLACK FOAM KNEE POSITIONER
COMMENT [RIGHT LEG IN BLACK FOAM POSITIONER AND SECURED TO BED]

EQUIPMENT:



[X] ELECTROSURGICAL UNIT SERIAL # [VALLEYLAB SF8G02861A]

SETTINGS: CUT / COAG [50/50]

MEGADYNE PAD [OR#1 - 9033900Y]

GROUND PAD SITE [TORSO] APPLIED BY [PAD ON REID]

SERIAL # []

SETTING []

SERIAL # []

[X] TOURNIQUET SERIAL # [BC099920]

LOCATION APPLIED [LEFT THIGH] APPLIED BY [M JUSTICE CFA ST]

PRESSURE SETTING / MMHG [350]

TIME: LIST UP & DOWN TIME [UP @ 0951, DOWN @ 1129]

TOTAL TIME [98 MIN]

BAIR HUGGER [UPPER BODY] SERIAL # [16275] BAIR HUGGER TEMP [43°]

MONITORED BY [ANES]

SERIAL # []

MONITORED BY [] K THERM TEMP []

SERIAL # []

PRESSURE MMHG [] LOCATION []

APPLIED BY []

[X] CELL SAVER SERIAL # 10185 []

TYPE []

SERIAL # []

COMMENT []

LASER

Time	Laser	Watts	Energy (Joules)	Mode	Rate	Duration
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URINARY CATHETER:

[X] N/A

BALLOON ML [] INITIAL RETURN ML [] INSERTED BY []

COMMENT []

NURSING DIAGNOSIS: AT RISK FOR INFECTION RELATED TO SURGICAL PROCEDURE.
GOAL: AVOIDANCE OF PATIENT INFECTION RELATED TO SURGICAL PROCEDURE.

SKIN PREP:

NURSING DIAGNOSIS: AT RISK FOR INFECTION RELATED TO SURGICAL PROCEDURE.
 GOAL: PREVENTION OF PATIENT INFECTION RELATED TO SURGICAL PROCEDURE. []

EVALUATION: GOAL IS ACHIEVED: [YES]

[X] N/A

AREA OF HAIR REMOVAL [] HAIR REMOVED BY []

PREP SOLUTION [ALCOHOL & CHLORAPREP] AREA PREPPED [LEFT LEG, ANKLE TO TOURNIQUET]

LENGTH OF PREP [10 MIN]PREPPED BY [G COMOLA RN]REACTION [NONE]COMMENT [HELD BY IVAN JACKSON PCT]

FLUID / IRRIGATION / MEDICATION:NURSING DIAGNOSIS: AT RISK FOR VOLUME DEFICIT.
GOAL: BODY FLUIDS MONITORED. ()

EVALUATION: GOAL IS ACHIEVED. [YES]

[X] PER VERBAL ORDER PHYSICIAN

[X] IRRIGATION - ADD TO MEDICATION SECTION

[X] MEDICATION - ADD TO MEDICATION SECTION

BLOOD PRODUCT(S) ()

COMMENT [EB # AFC 3690]

Medication Description	Amount	Route	Time	BY	DATE
[] Normal Saline 1000cc For irrigation	QS W/ BETADINE	IRR/INSS	08:46	SURGEON	02/23/2010
[] Betadine Solution 4 Oz	4 OZ IN 1 L NS	IRR/INSS	08:46	SURGEON	02/23/2010
[] Bacitracin	50,000 UNITS IN 3 L NS	PULSE LAVAGE	08:45	SURGEON	02/23/2010
[] Nss 3000ml Irrigation	QS W/ BACITRACIN	PULSE LAVAGE	08:45	SURGEON	02/23/2010
[] Sterile Water 2000ml	2 BOTTLES	INSTRUMENT RINSE	08:43	BACKTABLE	02/23/2010
[] N.s. C.9% i.v. 1000cc	QS W/ HEPARIN	CELLSAVER	08:43	CELL SAVER REP	02/23/2010
[] 06-heparin 5000 Units / 1ml Vial	40,000 UNITS IN 1 L NS	CELL SAVER	08:43	CELL SAVER REP	02/23/2010

DRAINS:

CHEST DRAIN ()

JACKSON PRATT () HEMOVAC (LEFT KNEE--REMD PER CELL SAVER REP IN PACU)PENROSE
()

SALEM SUMP ()

OTHER ()

INTRA - OPERATIVE RADIOLOGY:

AREA () TECH ()

[X] C-ARM AREA (LEFT LEG) TECH (RICK BERGSTROM) FLUORO TIME ()

COMMENT ()

IMPLANTS / PROTHESIS:[X] IMPLANT LABELS ON PROGRESS NOTES VENDOR / REPRESENTATIVE (TED DRENNAN BIOMET
REP)

COMMENT ()

Implants Description/Model/Catalog	Manuf.	Serial #	Lot #	Location / Site	Mfg. Date / Expiration
2 EACH-BIOMET CEMENT W/GENTAMYCIN Model/Catalog: 402283 Tis	BIOMET		849590	07/01/2011-E XP LEFT KNEE	07/01/11
CEMENT PLUG BUCKS 18.5MM Model/Catalog: 0200-18S Tissue Temp	MICROTEK		091204	04/01/2014-E XP LEFT KNEE	04/01/14
FIXED CRUCIATE PLATE 79MM INTERLOCK Model/Catalog: 14-23	BIOMET		426480	02/01/2020-E XP LEFT KNEE	02/01/20